

Attorney's Docket No. 3239-01

**COMBINED DECLARATION AND POWER OF ATTORNEY**  
*(ORIGINAL, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION OR CIP)*

As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type: (*check one applicable item below*)

<input checked="" type="checkbox"/> original	<input type="checkbox"/> design	<input type="checkbox"/> supplemental
<input type="checkbox"/> divisional	<input type="checkbox"/> continuation	<input type="checkbox"/> continuation-in-part (CIP)

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title Of Invention: Emulsifiers for Multiple Emulsions

**SPECIFICATION IDENTIFICATION**

the specification of which: (*complete (a), or (b)*)

(a)  is attached hereto and/or is identified herein by name of inventor(s), attorney docket number and title.

(b)  was filed on **November 3, 2005** as  as Serial No. 10/555,477 and was amended on \_\_\_\_\_ (*if applicable*).

**ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

**POWER OF ATTORNEY**

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*List name and registration number.*)

Teresan W. Gilbert, 31,360  
Michael F. Esposito, 29,506  
Samuel B. Laferty, 31,537

David M. Shold, 31,664  
Jason S. Fokens, 56,188

SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION

Patent Administrator - Mail Drop 022B  
29400 Lakeland Boulevard  
Wickliffe, Ohio 44092-2298

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

Teresan W. Gilbert

Telephone: (440) 347-5072

Facsimile: 440-347-1110

### DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### SIGNATURE(S)

Full name of sole or first inventor Brian B. Filippini

Brian

(GIVEN NAME)

B.

(MIDDLE INITIAL OR NAME)

Filippini

(FAMILY (OR LAST NAME))

Inventor's signature Brian B. Filippini

Date November 28, 2005 Country of Citizenship U.S.A.

Residence Mentor-on-the-Lake, Ohio

Post Office Address 5800 South Winds Drive., Apt. 132, Mentor-on-the-Lake, Ohio 44060

Full name of second joint inventor, if any Nai Z. Huang

Nai

(GIVEN NAME)

Z.

(MIDDLE INITIAL OR NAME)

Huang

(FAMILY (OR LAST NAME))

Inventor's signature Nai Z. Huang

Date 12/9/05 Country of Citizenship U.S.A.

Residence Highland Hts., Ohio

Post Office Address 5488 Strathaven Drive, Highland Hts., Ohio 44143

This declaration ends with this page

Full name of third joint inventor, if any Jeffrey M. Carey

Jeffrey  
(GIVEN NAME)

M.  
(MIDDLE INITIAL OR NAME)

Carey  
(FAMILY OR LAST NAME)

Inventor's signature 

Date 11-19-05 Country of Citizenship U.S.A.

Residence Mentor, Ohio

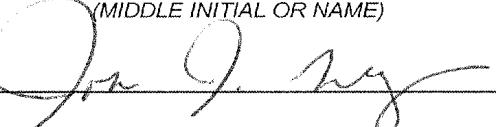
Post Office Address 6464 Dawson Blvd., Mentor, Ohio 44060

Full name of fourth joint inventor, if any John J. Mullay

John  
(GIVEN NAME)

J.  
(MIDDLE INITIAL OR NAME)

Mullay  
(FAMILY OR LAST NAME)

Inventor's signature 

Date 11-14-2005 Country of Citizenship U.S.A.

Residence Mentor, Ohio

Post Office Address 9251 Lori Jean Drive, Mentor, Ohio 44060

Full name of fifth joint inventor, if any \_\_\_\_\_

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

(FAMILY OR LAST NAME)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

\* \* \* \* \*

CHECK PROPER BOXES FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART  
OF THIS DECLARATION

If no further pages form a part of this Declaration then end this Declaration with this page  
and check the following item

This declaration ends with this page